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**STATE OF COLORADO
DEPARTMENT OF LAW**

TELEMARKETING REGISTRATION APPLICATION

OFFICIAL USE ONLY		
Filing Date: _____	Exp. Date: _____	Filing fee: _____
		Received: _____

(Please check one) Initial Application @ \$200.00 Renewal Application @ \$100.00

NOTICE: Any material changes in the information provided by you on this form must be submitted in writing to the Attorney General no later than ten (10) days after such change.

1. Name of applicant: _____

Principal business address: _____
Street City State Zip Code

Principal business telephone number: (_____) _____

Registration Contact Name & Title: _____

Registration Contact Email & Direct Phone #: _____

2. Form of business organization (Please check one):

Sole proprietorship General partnership Limited partnership Corporation Limited Liability
 Other (Explain here) _____

3. List all names under which applicant has done business or intends to do business:

4. List all parent organizations: (including all tradenames)

5. List all affiliated organizations: (including all tradenames)

6. Please list the following information for all locations from which applicant conducts business or will conduct business: (including mail drop locations, phone rooms, administrative offices, fulfillment and processing centers)

Street location	Unit #	City	State	Zip Code	() () () Telephone
Street location	Unit #	City	State	Zip Code	() () () Telephone
Street location	Unit #	City	State	Zip Code	() () () Telephone

7. List all telephone numbers, including pay-per-call telephone numbers used by applicant or its agents:

() () () -	() () () -	() () () -
() () () -	() () () -	() () () -
() () () -	() () () -	() () () -
() () () -	() () () -	() () () -

8. Please list the following information for each principal* (owner, partner, corporate officer, member of LLC, controlling shareholder, sole proprietor or trustee) associated with the applicant and business:

* First Name	Middle Name	Last Name	/ / Date of Birth	- - Soc.Sec. Number
Relationship (e.g. owner, president, shareholder, etc.)	Person's residential address:	Street	City	State Zip Code
* First Name	Middle Name	Last Name	/ / Date of Birth	- - Soc.Sec. Number
Relationship (e.g. owner, president, shareholder, etc.)	Person's residential address:	Street	City	State Zip Code
* First Name	Middle Name	Last Name	/ / Date of Birth	- - Soc.Sec. Number
Relationship (e.g. owner, president, shareholder, etc.)	Person's residential address:	Street	City	State Zip Code
* First Name	Middle Name	Last Name	/ / Date of Birth	- - Soc.Sec. Number
Relationship (e.g. owner, president, shareholder, etc.)	Person's residential address:	Street	City	State Zip Code

9. List the following information for each person with management responsibilities in applicant's business:

* First Name	Middle Name	Last Name	/ / Date of Birth	- - Soc.Sec. Number
Relationship (e.g. owner, president, shareholder, etc.)	Person's residential address:	Street	City	State Zip Code
* First Name	Middle Name	Last Name	/ / Date of Birth	- - Soc.Sec. Number
Relationship (e.g. owner, president, shareholder, etc.)	Person's residential address:	Street	City	State Zip Code

10. Please give a complete, **detailed description** of the goods, services, property or extension of credit applicant is offering for sale. The description must include a physical description of the goods or an identification of the manufacturer or supplier of such goods, services, property, or extension of credit, the price to be charged and any conditions, restrictions, or warranties, if applicable.

Sample copies of all materials applicant provides to consumers in connection with the marketing of its goods and services must also be provided.

11. Please attach to this application a copy of **all sales and verification scripts** used by applicant. If no written sales script is used, provide a detailed description of applicant’s sales presentation.

Please note: Pursuant to Colorado Revised Statutes § 6-1-304(1)(d), all telephone sales presentations must include a disclosure of the consumer’s 3-day right to cancel the sale.

12. If a **prize, bonus, award, gift or premium** is involved, please provide the following (if not applicable, please note as “N/A”):

Complete description of each prize, bonus, award, gift, or premium: (including a physical description, identification of the manufacturer or supplier, and <i>the actual retail value</i> based on actual sales)	Actual or approximate odds of purchasers to receive item in question:
Prize	Odds
Prize	Odds
Prize	Odds
Prize	Odds

13. Please attach a copy of all rules, regulations, terms, restrictions and conditions for receiving any **prize, bonus, award, gift, or premium** (if not applicable, please note as “N/A”):.

14. FCC rules require telemarketers to have internal procedures for maintaining an internal list of those who ask not to be called and for honoring the requests for five years (47 CFR § 64.1200(d)). **Please provide a copy of the applicant’s written policy for compliance with the Federal DNC rules.**

FTC rules prohibit telemarketing calls to any number on the National Do Not Call Registry, 16 CFR § 310.4(b)(1)(iii)(B), and require telemarketers to pay an annual fee to access numbers on the registry before calling any number within a given area code, 16 CFR § 310.8(A).

15. Please be advised that the **Colorado No-Call List Act**, C.R.S. §6-1-901 *et.seq.*, prohibits telephone solicitations to any number registered on the Colorado No-Call List and **requires all telemarketers to register with the Colorado No-Call vendor** before placing calls into Colorado. Registration may be done on-line at www.coloradonocall.com.

NOTICE: TO BE EFFECTIVE, THIS APPLICATION MUST BE SIGNED BY ALL OF THE PRINCIPALS LISTED IN THE RESPONSE TO QUESTION 8 ABOVE.

The undersigned, by their signatures, swear or affirm under penalty of perjury that the foregoing information is true and complete to the best of their knowledge, information and belief.

_____	_____
Date	Date
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Position Held	Position Held
_____	_____
Date	Date
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Position Held	Position Held
_____	_____
Date	Date
_____	_____
Signature	Signature
_____	_____
Print Name	Print Name
_____	_____
Position Held	Position Held

**APPLICANT'S FILING FEE MUST BE ATTACHED FOR A VALID APPLICATION.
APPLICANT'S REGISTRATION WILL EXPIRE IN ONE YEAR AND MUST THEN BE RENEWED.**

Mail completed Application Form and Filing/Renewal fee to:

Colorado Department of Law
Consumer Protection Section
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 7th Floor
Denver, CO 80203
(720) 508-6209

Checks should be made payable to: Colorado Department of Law